FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING_ IL6008056 11/10/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 CENTENNIAL DRIVE GENERATIONS AT RIVERVIEW** EAST PEORIA, IL 61611 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S 000 Initial Comments S 000 Complaint #2028636/lL128267 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210)b) 300.1210d)2)3)5) 300.1220b)2)3) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b)The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

made by nursing staff and recorded in the

emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be

care and personal care shall be provided to each resident to meet the total nursing and personal

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following

and shall be practiced on a 24-hour.

2) All treatments and procedures shall be administered as ordered by the physician. 3)Objective observations of changes in a resident's condition, including mental and

care needs of the resident.

seven-day-a-week basis:

resident's medical record.

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL6008056

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(X3) DATE SURVEY COMPLETED

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NAME OF PROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
GENERATIONS AT RIVERVIEW			500 CENTENNIAL DRIVE EAST PEORIA, IL 61611			
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S 99 99	Continued From page 1 5)A regular program to prevent and tre sores, heat rashes or other skin break be practiced on a 24-hour, seven-day-basis so that a resident who enters the without pressure sores does not developressure sores unless the individual's condition demonstrates that the pressure unavoidable. A resident having pasores shall receive treatment and serv promote healing, prevent infection, and new pressure sores from developing.	down shall a-week a facility op clinical ure sores pressure ices to	S9999			
	Section 300.1220 Supervision of Nurs Services b)The DON shall supervise and overse nursing services of the facility, includin 2)Overseeing the comprehensive asset the residents' needs, which include medifined conditions and medical functions sensory and physical impairments, nut status and requirements, psychosocial discharge potential, dental condition, a potential, rehabilitation potential, cognicand drug therapy. 3)Developing an up-to-date resident cate each resident based on the resident's comprehensive assessment, individual and goals to be accomplished, physiciand personal care and nursing needs. Personnel, representing other services nursing, activities, dietary, and such of modalities as are ordered by the physical plan. The plan shall be in writing and servicewed and modified in keeping with needed as indicated by the resident's of The plan shall be reviewed at least evertment of Public Health	ee the eg: essment of edically anal status, tritional I status, activities tive status, are plan for I needs an's orders, as such as her cian, shall esident care shall be the care condition.				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6008056		B. WING		11/10/2020		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GENERA	TIONS AT RIVERVIEV	N .	ENNIAL DRI DRIA, IL 616			
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	months.					
:	Section 300.3240	Abuse and Neglect				
		ee, administrator, employee or nall not abuse or neglect a 2-107 of the Act)				
	These requirement	s were not met evidencded by:				
	observation, the faresident from devel resident (R4) and fared for one respressure ulcers in taused R4 to develulcer after his adminot receive a treatners.	record review, and cility failed to prevent a loping a pressure ulcer for one ailed to perform a treatment as sident (R1) reviewed for the sample of four. This failure lop an unstageable pressure ission to the facility and R1 to nent as ordered to his		€ g		
=		e he resided at the facility.				
	His Admission Bod 10/29/2020 docum pressure ulcers. On 11/5/2020 at 9:0 Nursing reviewed to	d to the facility on 10/29/2020. y assessment dated ents R4 did not have any 00AM V3 Assistant Director of the wound log provided by the		in .	:	
	On 11/5/2020 at 9: perform wound car V3 stated that she the stage of the wo "diagnosing" and si	ed (R4) had a pressure ulcer. 15AM V3 rolled R4 over to be on his coccyx/sacral region. Would not assess the area or bund because that would be he was not comfortable with the (V4) Wound Physician				

Illinois Department of Public Health STATE FORM Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

IL6008056 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY		
AMME OF PROVIDER OR SUPPLIER GENERATIONS AT RIVERVIEW STREET ADDRESS, CITY, STATE, ZIP CODE 500 CENTENNIAL DRIVE EAST PEORIA, IL. 61811 [(A4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 3 agreed the wound was large, purple, butterfly shaped, and had an open area over the coccyx. V3 stated that V4 would be making rounds this afternoon and R4 would then have an assessment, and a treatment. V3 stated that she would apply barrier cream and a dressing to R4's area until the physician visited. On 11/5/2020 V4's report documents, "History of Present Illness: At the request of (R4's physician) a thorough wound care assessment and evaluation was performed today. (R4) has an unstageable (due to necrosis) sacrum for at least 1 days." The assessment documents the size of the wound as 8 (centimeters[cm]) x 8.5 cm x unstageable with moderate sero-sanguineous exudate, 50% black necrotic, 25% devitalized tissue and 25% viable tissue." V4's report further documents, "evolving pressure injury concerning for terminal ulcer. Patient under palliative care in the Nursing Progress note, Physician/Ndvanced Practice Nurse (APN) notes or in the resident's current Care Plan. 2. R1 was admitted to the facility on 10/19/2020 and discharged on 11/1/2020. His	AND FERTON CONTRACTION			A. BUILDING:					
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documented he had a pressure ulcer on his coccyx, however there is not a size, description or stage of the wound documented in the assessment. On 11/10/2020 at 9:15AM V1 Administrator stated, "There is an Admission readmission body assessment under "Observations" in the electronic medical record (EMR). This is the place where all the skin issues should be	S9999	agreed the wound of shaped, and had ar V3 stated that V4 wafternoon and R4 wassessment, and a would apply barrier area until the physic On 11/5/2020 V4's Present Illness: At a thorough wound evaluation was perfunstageable (due to 1 days." The assessment wound as 8 (ce unstageable with mexudate, 50% black tissue and 25% vial documents, "evolvifor terminal ulcer. If R4's electronic medicument R4 as be Nursing Progress in Practice Nurse (AP current Care Plan. 2. R1 was admitted and discharged on Admission/Readmidocumented he had coccyx, however the stage of the wound assessment. On 11/10/2020 at 9 stated, "There is a assessment under electronic medical in the stage of the wound assessment under electronic medical in the stage of the wound assessment under electronic medical in the stage of the wound assessment under electronic medical in the stage of the wound assessment under electronic medical in the stage of the wound assessment under electronic medical in the stage of the wound assessment under electronic medical in the stage of the wound assessment under electronic medical in the stage of the wound assessment under electronic medical in the stage of the wound assessment under electronic medical in the stage of the wound assessment under electronic medical in the stage of the wound assessment under electronic medical in the stage of the wound assessment when the stage of the wound whe	was large, purple, butterfly nopen area over the coccyx. Yould be making rounds this yould then have an treatment. V3 stated that she cream and a dressing to R4's cian visited. report documents, "History of the request of (R4's physician) care assessment and formed today. (R4) has an encrosis) sacrum for at least ssment documents the size of ntimeters[cm]) x 8.5 cm x noderate sero-sanguineous an ecrotic, 25% devitalized ble tissue." V4's report furthering pressure injury concerning Patient under palliative care." dical record does not eing on palliative care in the note, Physician/Advanced (N) notes or in the resident's did to the facility on 10/19/2020 11/1/2020. His ssion Body assessment did a pressure ulcer on his ere is not a size, description or documented in the coord (EMR). This is the	\$9999					

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		IL6008056	B. WING		11/10/2020	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 11/1	0/2020
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	marked/assessed u	upon admission/readmission."				
	R1 did not have a t	reatment documented on the Administration Record (TAR)				¥°.
×	(DON) stated (R1) treatment to his sad Orders during his s there are two woun with an order for a	did not have an order for his crum on the Physician's tay at the facility. She verified d consults in his record each Hydrocolloid dressing to his r was not transcribed and	•	Q2		
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	"B"			542		
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